



Practitioner's Docket No. ARC 2483N2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ayer, Atul D.; Lam, Andrew; Magruder, Judy A.; Hamel, Lawrence and Wong, Patrick S.

Application No.: 10/005,594

Group No.: 1615

Filed: 11/07/2001

Examiner: OH, SIMON J.

For: UNIFORM DRUG DELIVERY THERAPY

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Assistant Commissioner for Patents  
Washington, D.C. 20231

### AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

### STATUS

2. Applicant is other than a small entity.

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$920.00

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### CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

#### MAILING



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Date:

10/31/2002

Signature

Maria E. Valenzuela

MARIA E. Valenzuela

(type or print name of person certifying)

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)			(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment			Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	15	Minus	20	= 0	x \$18 =	\$0
Indep.	5	Minus	5	= 0	x \$80 =	\$0
First Presentation of Multiple Dependent Claim					+ \$270 =	\$0
Total						Addit. Fee \$0

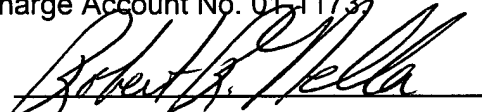
- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".  
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

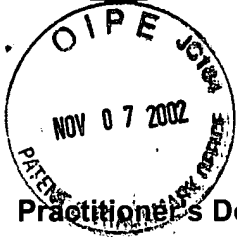
**No additional fee for claims is required.**

## FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 01-1173.  
 If any additional fee for claims is required, charge Account No. 01-1173.

Date: October 30, 2002

  
 Robert R. Neller  
 Registration No. 46,950  
 ALZA Corporation  
 1900 Charleston Road P.O. Box 7210  
 M10-3  
 Mountain View, CA 94039-7210  
 United States of America  
 650-564-5171  
 Customer No. 22921



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CERTIFICATE OF MAILING UNDER 37 C.F.R. section 1.8(a)

I hereby certify that the attached correspondence comprising:

- 1- Return Receipt Postcard
- 2- This certificate of mailing under 1.8(a) (1 page)
- 3- Petition for Extension of Time (1 page)
- 4- Amendment Transmittal Form (2 pages)
- 5- Amendment (5 pages)

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